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DOCTORS WEEKLY

A STRICTLY ETHICAL NEWSPAPER FOR THE MEDICAL PROFESSION AT HOME AND ABROAD

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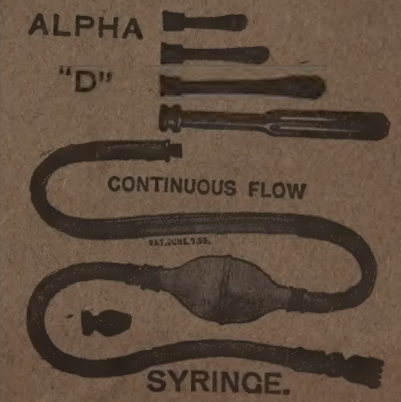

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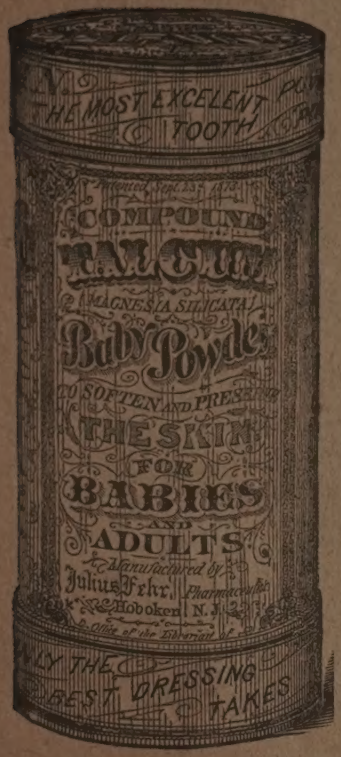

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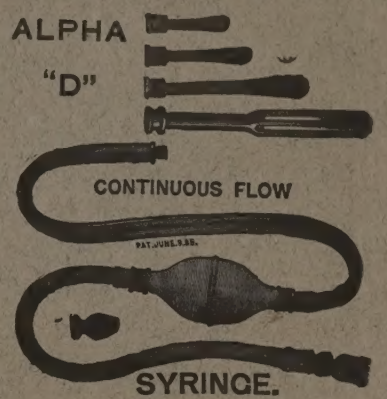

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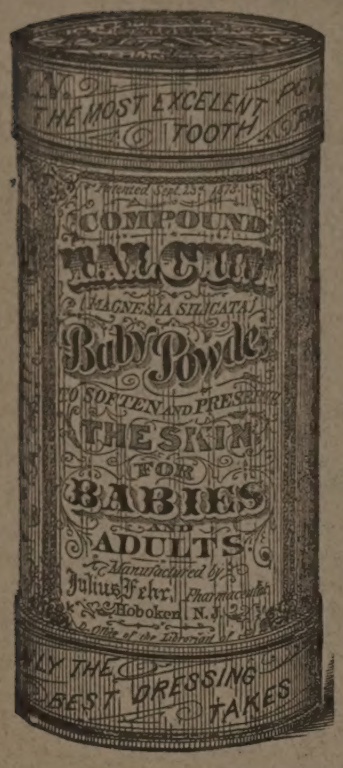

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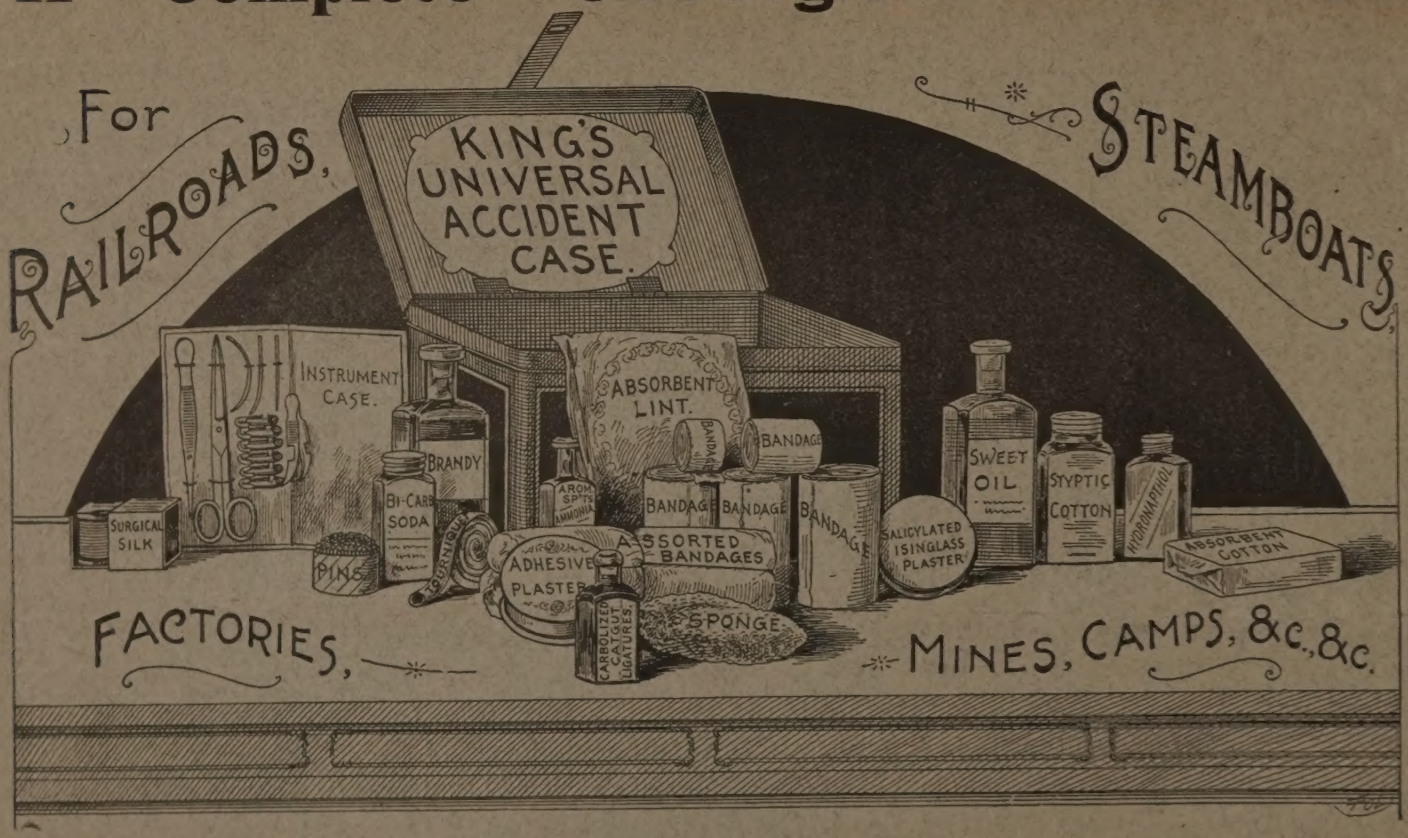

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Section on Surgery and Anatomy (Continued.)

THIRD DAY, THURSDAY, JUNE 9th, 1892.

"Is Amputation Indicated in Hip-joint Disease" Dr. Mynter, of Buffalo, read a paper with this title. He said that from the history of two cases that have come under his observation, he believed that secondary amputation is not necessary. When, after resection, the disease continues, and the caries extends, the discharge is due to improper antiseptic measures and to a portion of the bone being left behind, To resect and leave the bone in such a condition is useless. In the first case the joint had been resected some time before, but the disease progressed. The wound was thoroughly curetted; a counter-opening was made just-above the lower epiphysis, and gauze drainage introduced the whole length of the bone. The patient recovered with a strong, movable joint. In the second case the disease was removed by the curette and similar treatment adopted as in the first case. This patient also recovered with a good joint and free motion. Many of the cases of so-called hip-joint disease, Dr. Mynter said are really cases of osteitis and their treatment by extension is unnecessary. An early operation should be done and the focus of disease removed to prevent its extension.

Dr. Ridlon, of New York, said that if the focus of the disease can be located an operation may be indicated.

Mr. Randall, of Chicago, said that more than one focus may exist. In some cases the disease commences outside the bone. When suppuration has set in, excision is best.

The discussion was then closed by Dr. Mynter.

The Cremasteric Reflex in Varicocele, by Dr. T. A. McGraw, of Detroit, Dr. McGraw said that the various theories in regard to the causation of varicocele have not proved satisfactory. Venerial excesses, general diseases, etc., may have some effect in certain cases. while in others they have no effect, The absence of valves in these veins is not a fact. Pathological influences affecting the blood, and, through the nervous system, the muscular fibres in the veins, have been too much overlooked. Any inherent defect would impair their tonicity, and many cases are due to this The spermatic veins are specially dependent upon the cremaster, the abdominal muscels and the tunica dartos of the scrotum. The cremaster is the most important. Dr. McGraw took issue with those authorities that ascribe to hernia the power of producing varicocele. The following conclusions were arrived at: 1st. That the pathology of varicocele is variable, cases differing from one another both as regards cause and pathologic conditions. 2d. In one group of cases the fault lies in the walls of the veins which have become weakened either by injury or from congenital or acquired disease. 3d. In another class of cases the primary diseases involve either the cremaster or the nervous mechanism by which it is controlled; these cases are marked by a deficiency in the cremasteric reflex.

Dr. Mynter, of Buffalo, inquired if the knowledge that the cremaster muscle may influence the production of varicocele, would affect the treatment.

Dr. McGraw replied that this would depend upon whether or not the varicocele were due to paralysis; if so, electricity might be used. But if the cremaster is wholly absent removal of the scrotum would be the best treatment.

Dr. De Garmo, of New York, said that he has very carefully watched the effect of pressure as a cause of varicocele, and has seen many cases with hernia, but he does not think that either has anything to do with the production of varicocele.

"Experimental Researches In the Implantation of the Ureters into the Rectum," was the title of a paper read by Dr. R. Harvey Reed, of Mansfield, O. The object of his experiments was to discover a method of affording relief in certain diseased condition of the bladder, by implanting the ureters into the rectum, imitating the condition found in the fowl. He had performed twelve experiments on dogs, and his results were sufficiently gratifying to warrant further trials. In the unilateral implantations, three in number, the results were excellent and all recovered. In the bilateral, nine in number, all died. He believed that success could be secured by implanting one ureter at a time and waiting until the effects had entirely passed off before operating on the other side. The presence of urine in the rectum does not appear to produce any injurious results and in the unilateral cases the kidneys showed no irritation.

Visceral Phlebotomy, a paper by George Harley, of London, was read by the Secretary. Two cases were reported by the writer. In the first case the liver was punctured to a depth of eight inches in a patient dying from the combined effects of a greatly enlarged, hard liver, with ascites and marked anasarca. Recovery followed with no return of the disease. In the second case the liver was enlarged and inflamed, and the seat of strumous abcesses. It was likewise punctured. A copious

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hemorrhage took place through the bile ducts into the intestines. The liver became smaller and a perfect cure resulted. Dr. Harley recommended the performance of visceral phlebotomy on every accessibly situated internal organ in preference to leeching and cupping. Pulmonary phlebotomy is the most difficult form, because the constant movement of the lungs makes it difficult to close the wound.

Advances in Aseptic Surgery, by Dr. F. J. Thornbury, of Buffalo. In his paper Dr. Thornbury gave his experience in Bergmann's laboratory, and exhibited a new sterilizing apparatus.

Ligature of the Hypogastric Artery. Dr. C. Fenger, of Chicago, read a paper with this title, in which he gave the history of two cases in which he had performed this operation.

Operative Procedures at the Base of the Brain. Dr. Ernest Laplace, of Philadelphia, read a paper with this title, in which he emphasized the safety of trephining near the base of the skull, the ease of arresting violent hemorrhage from the sinuses of the dura mater by plugging with gauze and the importance of drainage in all cases of cerebral injuries.

Gunshot Wounds of the Cerebrum, by Dr. C. E. Ruth, of Muscatine, Ia. Dr. Ruth reported several cases demonstrating that, contrary to the generally accepted idea, a bullet in the brain can be probed for and successfully removed, and that with careful and delicate manipulation, there is no excuse for puncturing the normal brain tissue in the search for a ball. To locate the direction of the bullet, he prefers a porcelain-tipped probe, with a platinum handle

Cosmetic Surgery of the Nose. Dr. J. B. Roberts, of Philadelphia, read a short paper on this subject.

The Powerful Effect of Sulfonal in Arresting the Cramps of Fractured Limbs and other Reflex Spasms. Dr. Edmond Andrew, of Chicago, read a paper with this title. He gave the history of a case of fractured limb in which the patient suffered greatly from painful muscular contractions, and in which, after trying numerous remedies, he found that fifteen grains of sulfonal, repeated two or three times a day, completely controlled the spasms. He has since tried it in other similar cases with equally good results.

Amputations in the Light of Mechanical Science Versus Protheti. cal Science, was the title of the next paper, by Dr. S. L. McCurdy, of Den nison, O. The speaker advocated the performance of amputations through the joints, when possible, because the broad articular ends of the bones afford better points of attachment for artificial limbs, and render their adjustment firmer than at any other portion of the bone.

Dr. King, of Missouri, said he differed with the speaker and that he never amputated through a joint where he could possibly avoid it. The stumps following such amputations gave him most trouble. In using artificial limbs the pressure is not made upon the end of the stump.

AIR IN THE VEINS.

Dr. Edward Martin, of Philadelphia, read a paper with this title, based on experimental work on dogs and monkeys. The danger of its occurrence, he said, is greatly overestimated. It is impossible, ordinarily, to have air sucked in unless the walls of the vessels are thickened by disease or its severed ends kept open by pressure. When it does occur in the human subject it is most dangerous. The only reliable signs of its occurrence are the peculiar frothing, churning sound in the heart, with signs of cardiac failure. When a vein is opened, the treatment is simply mechanical and consists in controlling the circulation from the wound to the heart.

Removal of the Astragalus for Talipes equino-varus; neurectomy of great sciatic nerve; amputation of scrotum and prepuce for abnormal condition of the skin. Dr. R. Merrill Rickets, of Cincinnati, read a paper on this subject, giving a history of the cases, and describing the operations performed. His paper was discussed by Dr. Ridlon and Sayre, of New York. Dr. Sayre said he has not yet met with a case of clubfoot in which removal of the astragalus was necessary.

Mr. H. O. Marcy, of Boston, by means of stereopticon slides, gave a number of illustrations of methods of operating in hernia.

"Treatment of Compound Fractures," Dr. W. H. Myers, of Fort Wayne, Ind, read a paper on this subject in which he laid particular emphasis on aseptic and antiseptic treatment. The ideal dressing. he said, is that which affords the most perfect rest. He closes the wound with protective, applies several thicknesses of bichloride gauze and then completes the dressing by plaster-of-Paris bandages. Amputation is often too hastily resorted to in these cases and especially is this noticeable along railway lines.

Dr. North, of Miehigan, said that he has seen a great deal of railway surgery. He strongly advised against the use of the knife if it can be avoided, even if the products of ulceration flow out of the wound.

Dr. Ridlon, of New York, stated that he had heard some surgeons say that bones will not unite if the periosteum is not in place. He could not understand why this should be so.

Dr. Griffith said that he has used decalcified chips of bone, and had bone develop from them, and he did not think the periosteum was necessary.

The paper was further discussed by Dr. Ricketts, of Cincinnati, Dr. McCaul, of Michigan; Dr. Emmett, of Iowa; Dr. Duffield, of Detroit and by the Chairman, Dr. Gaston. Dr. Gaston related a case of extensive suppuration along the tibia, denuding two-thirds of the anterior part of the bone of its periosteum. Amputation was proposed, but it was decided to wait and to-day the case promises complete recovery.

Adjourned.

"THE SCALPEL" is the name of a new monthly publication issued from the College of Physicians and Surgeons of Chicago, and under the editorial care of Dr. Louis J. Mitchell, assisted by two members of the class.

PURE cultures of the influenza bacillus have been made by Dr. Cannon, of Berlin.—*Med. News.*

A CLINICAL LECTURE.

THE DIAGNOSIS OF CHRONIC NASAL CATARRH.

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK, BY GEORGE MOREWOOD LEFFERTS, A. M., M. D.

GENTLEMEN: Having taught you how to use the instruments for diagnosis, I propose commencing to-day the consideration of a subject which I know will be of more than passing interest to you. The patients that you see before you will illustrate its various phases; they will be demonstrated in a few moments. My subject is "Nasal Catarrh"—one about which much is written to-day by the profession, much more said by the laity. It is an extensive one, and I can not hope to treat it exhaustively in the time at my disposal in this course; perhaps it is just as well that I should not attempt to do so. What you most need, as general practitioners, is condensed and reliable information concerning diagnosis, and practical advice in regard to treatment.

I have said that the subject will be of interest to you. We all hear a great deal about "chronic catarrh of the nose," and you will see a good deal of it. Patients who suffer from it, and patients who have not got it but imagine that they have, will come to you in numbers. You certainly, then, ought to be able to recognize it when present, to exclude it when absent, and, above all, be competent to treat it scientifically and successfully. Let me ask just here: Do general practitioners always recognize it? Do they always examine for it? Are they not too apt, in too many cases to accept the statement of the patient, make no examination, prescribe a nasal douche and some wash, and allow the patient to disappear, perhaps to excite, in time, a catarrh where none existed before? Patients will make their own diagnosis—it is common for them to do so—and often come to you for the treatment of that which, perhaps, does not exist; often they will treat themselves, without any advice. The country is flooded with advertisements, pamphlets, and books on the subject of nasal catarrh. The field is a rich one for the quack; "sure cures" multiply rapidly; new remedies are eagerly sought for by the credulous; "catarrh snuffs" crowd the counters of every drug store, and "nasal douches" are manufactured and sold by the thousand. The quack does not spare the feelings of the patient; he pictures the disease in its most disagreeable aspects; he dwells upon the worst symptoms; he confounds other diseases—syphilis, for instance—with simple catarrh; in short, he frightens.

Your patients, then, well posted in literature of this class, come to you, dreading that the nasal trouble that they have, or, perhaps, have not got, will develop into the worst form of catarrh that they have read about—above all, that it will develop a disagreeable odor. A symptom that they also often dwell upon, regarding it as a sign of the dread disease, is "a constant dropping of mucus in the throat"—an ever-present desire to clear it. Some little mucus they do bring away; often not. Let me warn you here that, in a good percentage of these cases, all this has nothing to do with "nasal catarrh." The patient is probably suffering from a simple relaxed throat or a chronic pharyngitis in one of its forms—perhaps, and most commonly, a relaxed or elongated uvula—and that these, especially the latter, are the matters at fault, *not* the nose. All this you must prevent, they cry to their doctor; they demand treament at your hands. Now, much of this nonsense you, as sensible medical men, can prevent. But, first, you must yourself know what "nasal catarrh" really is, what forms it appears under, and how to recognize the varieties by their intranasal appearances. The day has gone by when all nasal affections can be recklessly and ignorantly classed under the generic name "catarrh," and so treated. What a multitude of sins that word has covered!

The one symptom that patients most fear, and justly so, I have alluded to,—the foul smell from the nose; but it is in reality a rare one; it only occurs in the fetid or atrophic form of nasal catarrh, which is by no means so common as the other varieties, and in ozæna, but ozæna has nothing to do with nasal catarrh, Do not forget this: It only occurs in patients who are the victims of syphilis or struma—patients who have syphilitic necrosis of the nasal bones, with a stinking, purulent discharge, a discharge due to the presence of dead bone. The same thing sometimes happens in scrofulous subjects. Under these circumstances, then, you may have the fetid, stinking disease, ozæna, but only under these circumstances. Do not call cases of nasal catarrh, even the fetid form, ozæna; they have pathologically nothing in common. Remember, also, that fetid or atrophic catarrh is, as I have said, unusual, and thus you are able at once to reassure your patient in regard to the most dreaded symptom.

I have said this much in order to prove to you the necessity of your learning to recognize the varieties of nasal catarrhal disease; for not alone diagnosis, but, what is equally important, your correct views regarding the questions of prognosis and treatment, will depend upon your acquirement of this knowledge. Some forms of nasal catarrh are curable, others are not. Is there, then, more than one form of "nasal catarrh?" Most certainly; and you will learn to differentiate them. First, acknowledge the fact that they do exist. You will meet with three varieties: 1, Simple chronic rhinitis (and let me say here that I prefer this term rhinitis to the one, "catarrh," which is so commonly used); 2, Hypertrophic rhinitis; and, 3, Atrophic or Fetid rhinitis.

Simple chronic rhinitis is, as the name implies, a chronic inflammation of the nasal mucous membrane unattended by structural changes of any moment. Its only symptom is an increased discharge of mucus, or, if it has lasted some time, muco-pus. This discharge is thin and easily removable, there is no interference with the sense of smell, and no obstruction to respiration. The anterior rhinoscopic examination will show you simply congestion of the mucous membrane,

BOVININE

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PURE AND HEALTHFUL.

Since the successful "food show" held lately, in Boston, Mass., one can no longer doubt the fact that the people of this country are in earnest in their pursuit of knowledge regarding the kind of food that they eat. They are no longer content to take for granted every story that their grocer or butcher may choose to tell them, but show an earnest desire to examine and prove for themselves that what they purchase is pure and healthful.

One of the most energetic exhibitors at this fair was Henry T. Champney, manager of the J. P. Bush Manufacturing Company. Mr. Champney claims that he has discovered that which Ponce De Leon sought for, but failed to find many years ago. Not the fountain of perpetual youth, but something eminently more dear, and which has proved a most precious boon to mankind, *i. e.* Bovinine, which is the most readily absorbed and assimilated of all artificial food, inasmuch as it is disposed of at once in the stomach with the aid of the intestines, by a process approximating the transfusion of blood.

For purposes of nourishment and as a powerful aid in repairing the waste of living tissues in the body, Bovinine is rapidly taking the place of the so-called "beef extracts" being far better adapted to the most delicate patients. Consumptives, and those suffering from debility or an enfeebled condition of the system from any cause, derive great benefit from its use.

It contains more than twenty-six per cent. of soluble albuminoids. It is the only raw food in the world. During the last four months of his sickness, General Grant's food was Bovinine and milk, and it is said that from the use of this incomparable food alone that he was enabled to finish the second volume of his "Personal Memoirs"

Bovinine contains all the elements for the production of new blood with great rapidity. Its principal constituents have been selected with a view to furnish the largest amount of nutriment in the most condensed form, and all the resources of modern chemical analysis have been brought to bear on this important problem.

Bovinine makes new blood faster than all foods or preparations known, and if properly and promptly administered, will supply the body with the vitalized fluids so essential in expelling deleterious accumulations from the system.

The entire absence of insoluble matter together with its absolute freedom from drugs, minerals, acids, or alkalies, its uncooked state, in which it stands unique before the world, thereby presenting the vital extracts of the flesh of beeves in a raw or uncoagulated condition eagerly absorbed by the debilitated organs, renders it the most valuable adjunct to the remedial agents employed by the medical profession ever discovered.

Bovinine is prepared from thoroughly inspected cattle, great care being taken to have them free from pleuro-pneumonia and all other diseases. Twelve ounces contain the strength of twelve pounds of meat.

More than thirty thousand physicians in the United States, Canada and England have tested and prescribed this food during the last twelve months, and it has now come to be known as the standard preparation for the nourishment of infants, children and adults in every phase of sickness or disease, and it is relied upon to sustain the system in any pathological condition.

the latter flecked here and there by soft, easily removable, slightly yellowish mucus. As far as the amount of free space is concerned, it is normal; there is no thickening or hypertrophy of the membrane. Posteriorly the rhinoscopic mirror will exhibit about the same appearances, except at the vault of the phorynx, where the glandular tissue is large in amount. Swelling of these glands gives a turgid aspect to the parts, and the secretion which covers them in, part, is thicker and more tenacious—chronic pharyngitis may or may not coexist. Such patients do not, as a rule, consult you; the trouble is too slight, and unless they are morbidly sensitive or easily frightened, they allow the pathological process, through ignorance of possible results, to continue without treatment. Thus week by week, month by month, it continues, until the simple form of rhinitis develops into the second variety, which we term hypertrophic nasal catarrh, or rhinitis. We now have marked structural changes—a proliferation of all the normal elements of the mucous membrane, a true hypertrophy. The whole mucous membrane of the nasal passage, but specially that over the lower turbinated bones, is markedly thickened and relaxed; the plexus of blood vessels, a true erectile tissue, which underlies the membrane in the latter locality, becomes enlarged; the glands at the vault of the pharynx participate in the pathological process, and likewise hypertrophy. Secretion is excessive, thick, and tenacious, showing that the glandular elements of the mucous membrane have not escaped. Such a hypertrophy of tissue, of course, occludes more or less, perhaps permanently and completely, but more commonly intermittingly and partially, the nasal passages; the patient breathes with difficulty, his voice becomes nasal in character, he experiences much discomfort, and decides, for the first time, to consult a physician.

Hypertrophic rhinitis, then, will be the form of catarrhal disease of the nose that you will oftenest be called upon to treat. Fortunately, you can give your patient great relief—but of this in one moment. Make now your anterior rhinoscopic inspection. You will see at once that the anterior extremity of the inferior turbinated bone on one, perhaps on both sides of the nose projects far out into the free space of the nasal passage—indeed, may lie against the nasal septum, and thus close the passage—that the mucous membrane covering it is thickened and congested, and hidden more or less by thick, muco-purulent discharge. The thickened membrane over the lower turbinated bone hangs downwards, thus encroaching upon the inferior meatus of the nose. If you touch it with a probe, it indents deeply and recovers itself slowly. The membrane covering the middle turbinated bone and the side of the septum are affected to a less extent, perhaps not at all. Posteriorly observe carefully in the rhinoscopic mirror the posterior extremities of both middle and inferior turbinated bones, but specially the latter. The mucous membrane is not only markedly hypertrophied, but has a peculiar rugged appearance; it is thrown into fissures and irregularities, and has a whitish appearance. A veritable tumor is thus formed, characteristic in its appearance and marked in its results, for it closes, by its bulk, more or less of the posterior nasal opening. This closure is also assisted by the thickening that will often be seen in the form of an irregular ovoid tumor upon the side of the septum. At the vault of the pharynx both mucous membrane and glandular tissue are involved, the latter to the greater extent. Thus we see an irregular nodular tumor, traversed by seams and fissures, presenting a variety of aspects, according to the degree and kind of development, but always occupying and obliterating the normal, rounded, concave cavity of the vault. Chronic pharyngitis, frequently the follicular form, will also be present, and, occasionally, chronic laryngitis.

(*Continued next week.*)

TACHYCARDIA PROVOKED BY TRAUMATISM.

Dr. Le Dentu, of Paris, reports a case which shows that, among the causes of tachycardia, traumatism must also be kept in mind. Up to the present no such case had been reported. The case here in question was that of a coachman, 49 years of age, who, falling from his seat, struck upon his head and received a wound extending from the external orbital prominence to just posterior to the vertex on the right side, with denudation of its bone. The next day after the accident he was seized with an attack of tachycardia, his pulse running up to 200 and even 240 per minute. This condition lasted about twelve to fifteen hours, and was preceded and followed by arythmia and cardiac intermittence. The temperature was but slightly elevated, and no sign of a cerebral or cardio-vascular lesion could be discovered. The patient also said that he had been subject to attacks of palpitation for some time. Hence one is justified in regarding the tachycardia, as well as the previous palpitation, as of purely nervous origin.—*La Semaine Medicale*, No. 7, 1892.

A CASE OF LIVING LARVÆ IN THE EAR.

Baxter (*Arch. of Otol.*, xx, 1) reports a case of a man, aged thirty-four, a farmer, who stated that, four days previously, a fly had crawled into his right ear. He removed the dead fly, and there was no feeling of pain or discomfort until two nights later, when the ear commenced to bleed, and at the same time an intense pain began On inspection, the auricle was found red and swollen, the bandage was saturated with blood, and the meatus was full of squirming larvæ. The ear was immediately syringed with warm water, and twelve larvæ were thus removed. The auditory canal was abraded throughout its entire length, and the membrana tympani was red, inflamed, and macerated, but not perforated. At the end of a week the hearing was normal, and all appearances of inflammation had subsided. The larvæ averaged six mm. in length and two mm. in breadth. They were of a yellowish-white color and filled with blood. They remained alive for over twelve hours in the water to which about three per cent. of chloroform had been added.

AFTER MANY YEARS.

TAUNTON, MASS., Sept. 27, 1882.

"I have used PLATTS CHLORIDES for the past two years, at first cautiously, lately without stint. I am happy to say that I have found it satisfactory in every instance; foul atmospheres are quickly rendered sweet, not by substituting a worse odor than already existed, but by some imponderable change. I say unhesitatingly that I have never found its equal."

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NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from over-mental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

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OBITUARY.

On Monday, July 4th, in this city, Dr. Emilio Chanum.

On July 1, at her late residence, 340 West Thirty-second street, Caleste H., wife of Dr. A. Bowe.

At Bradford, Pa., suddenly, July 1st, Dr. George E. Schuppan, formerly of Jersey City and Brooklyn, aged twenty-four years.

Dr. William Myles, a leading physician of Port Gibson, Miss., died on June 10th, 1892, in the seventy-ninth year of his age. He was the father of Dr. Robert C. Myles, of New York, and F. F. and B. B. Myles, well-known in the business circles of Memphis and New Orleans.

Professor Cesare Federici.—Tuscany has lost her leading consultant in Dr. Cesare Frederici, who died in the Villa Sarde at Maiano on Sunday, the 29th ult; his end had been manifestly approaching for some time back; he himself anticipating it even whilst his intimate friends, continued to hope against hope for his recovery.

The death of Sir William Aitken occurred on June 27th. He was one of the best known of the medical offiicers of the English army, and for a number of years was Professor of Pathology in the Army Medical School at Netley. He was the author of a well-known and deservedly popular text book on the theory and practice of medicine, and was a member of many British and Continental medical societies.

The Death of Dr. John A. Ray, of Brooklyn, on June 22d terminated a protracted illness on account of which the deceased had been confined to his house and bed since April last. He was a graduate of the College of Physicians and Surgeons of the class of 1864. He had resided in Brooklyn since 1878, and had been surgeon to the Eye and Ear hospital of that city for the past ten years. He was thirty-nine years old at the time of his death.

Dr. Theodore Meynert, Professor of nervous and mental diseases in the University of Vienna, died on May 30, aged fifty-nine years. Professor Meynert was one of the most eminent anatomists and alienists of modern times. His contributions to the anatomy of the nervous system were numerous and original, and gave a great impetus to investigations in this line. He wrote a treatise on the anatomy and diseases of the fore-brain which embodies many of his researches.

Dr. James S. Green, brother of ex-Governor and vice-Chancellor Robert S. Green, died suddenly of heart failure, while waiting for his carriage on Saterday evening at his residence in Elizabeth, N. J.

He was born in 1820 and was a son of the late Prof. James S. Green, of Princeton. He studied medicine at the University of Pennsylvania, and began general practice in Elizabeth in 1853.

The Late Dr. W. R. Birdsall.—At a meeting of the Lenox Medical and Surgical Society held on June 20th, the following preamble and resolutions were adopted:

Whereas, This Society has in the death of Dr. W. R. Birdsall sustained the loss of a most valued member; therefore be it

Resolved, That the Society express the profound sense of bereavement which it has sustained, and that its sympathy and condolence be extended to the family of the deceased.

J. Lee Morrill, M. D.
[Signed.] S. S. Jones, M. D.
J. B. White, M. D.

PERSONAL.

Dr. C. M. Hyde has removed from Eastabuchie to Augusta, Me.

Dr. F. A. Gardner and family, of this city are at their Bronx Point cottage, Nantucket, for the summer.

Dr. and Mrs. J. W. Beekman and Dr. and Mrs. E. W. Agramonte are at the Track-a-pow-she, Far Rockaway.

Dr. J. A. Wyeth and family are at the Manhattan Hotel, Manhattan Beach.

Dr. S. W. Merritt and family, of Nyack, are at the Arlington, Ocean Grove, N. J.

Dr. N. V. Shade, of Washington, D. C., is at the Sheldon, Ocean Grove, N. J.

Dr. E. M. Purdy, of No. 304 Madison ave.' is at Bernardsville, N. J., for the summer.

Dr. John Ridlon, formerly of New York, has been appointed lecturer on Orthopedic Surgery at the Chicago Medical College.

Dr. E. Kershner, medical inspector of the United States navy is at the Spring View Hotel, Ocean Grove, N. J.

Woman's Medical College of the New York Infirmary.—Dr. William Oliver Moore has resigned from the Chair of Ophthalmology and Otology.

Dr. Stephen Smith, medical adviser of the Willard Parker Hosbital, at the foot of East Sixteenth street, tendered his resignation, which was accepted. The vacancy in the Medical Board of the Board of Health created by the resignation of Dr. T. Mitchell Prudden was filled by the appointment of Dr. Frank Ferguson, of No. 20 West Thirty-eighth street. He will assume his duties at once. The position is honorary, having no salary attached.

MARRIAGES.

Thursday, June 30th, 1892, at the residence of Mrs. Solon Humphries, Bergen Point, N. J., Dr. W. W. Johnston to Mrs. Sallie S. Walsh, all of Washington, D. C.

By the Rev. Samuel H. Smith, James Lindsey France, M. D., to Miss Mary Catharine Parsons, daughter of the late George Parsons, Esq., all of this city.

At St. Bartholomew's church, New York city, on July 2d, by the Bev. Dr. Booth, Dr. John Bates to Mrs. Olivia Ranney, daughter of the late J. W. Hoyt.

A WART STORY.

Last month a gentleman called on me to be examined for life insurance. I noticed that the backs of his hands and fingers presented a large array of unsightly warts ("verrucæ vulgaris"), which he said had hitherto resisted all treatment, either returning or refusing to go. He went to the West Indies, and, during the voyage, shot a porpoise, which was hauled on deck, and, in cutting up the carcass, his hands was freely besmeared with the blood. To his surprise, every wart vanished in short order, and none have come back. Returning to Philadelphia to-day, he presented himself to me with a perfectly clean pair of hands. I have often heard that pig's blood will remove warts, and have received the news with a large grain of salt; but here is a singular coincidence, to say the least of it, if only in the resemblance between a porpoise and a pig. I should like to give this "remedy" a trial; but few druggists keep porpoises in stock, and I do not think I could shoot one.—Louis Lewis, M. D.

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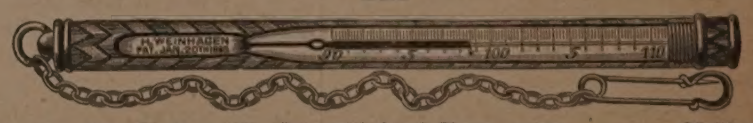

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Very respectfully,

Baltimore, Md., 8, November 1887. Orray T. Sherman.

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BY

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EDITOR AND PROPRIETOR,

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PROPHYLAXIS AGAINST SYPHILIS.

Dr. Osler makes the following statement in his work on the "Practice of Medicine," which recently appeared: Personal purity is the prophylaxis which we, as physicians, are especially bound to advocate. Continence may be a hard condition (to some harder than others) but it can be borne and it is our duty to urge this lesson upon young and old who seek our advice in matters sexual. Certainly it is better, as St. Paul says, to marry than to burn, but if the former is not feasible there are other altars besides those of Venus upon which a man may light fires. He may practice at least two of the five means by which as the physician Rondibiles counselled Panurge, carnal concupiscence may be cooled and quelled—hard work of body or hard work of mind. Idleness is the mother of lechery, and a young man will find that absorption in any pursuit will do much to cool passion.—*Weekly Med. Review.*

GARDNER'S SYRUP OF HYDRIODIC ACID. HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers, who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the original preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a non-irritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner.*

HYSTERO-SYPHILIS.

Dr. Hutchinson once described syphilis as a disease the manifestations of which were capable of imitating all known forms of disease but of creating no new ones. Dr. Fournier recently described a case of hystero-syphilis in a young man. The patient began to show nervous and hysterical symptoms a few months after infection occurred and lost the power of speech for five days. Motor and sensory hemiphlegia occurred on the left side. He improved under anti-syphilitic treatment, but the symptoms recurred, and almost every day at a certain hour the patient would become intellectually unaccountable for his acts. Before contracting syphilis no tendency to hysteria could be discovered.

EDITORIAL ITEMS.

THE Denver *Medical Times* begins its 12th volume in an enlarged form, and is otherwise improved in appearance.

A DESPATCH from St. Petersburg says that cholera is spreading in Tiflie, Petrovsk and Astrahau despite the stringent regulations to prevent it.

SOME of our medical societies are growing old. In May the Connecticut State Medical Society celebrated its centennial meeting, and last week the New Jersey Medical Society held its 126th annual meeting.

ST. JOHN'S GUILD Floating Hospital made its first trip on Thursday when the seaside hospital for children at New Dorp, S. I., was also opened. Tickets for both institutions may be had from all the hospitals, dispensaries and charitable societies of this city.

DR. PROUST, in a report to the Paris Board of Health on cholera in the Caucasus, says the greatest vigilance will be necessary if the cholera spreads to the shores of the Black Sea, as there is every prospect of the present epidemic following the course the disease took in 1831 and 1847.

IT APPEARS THAT there is a limit to the faith of even a homeopath. At the annual meeting of the International Hahnemannian Association at Narragansett Pier last week they failed to re-elect their president, because it was claimed that he advocated the wearing of sulphur in one's stockings as a preventive of epidemics.

THE EDITOR OF the *Medical Brief* leaves much room for argument when he claims that the average country practitioner is far superior to the average city practitioner. This he concludes to be due to the fact that the country doctor has little to think about except his cases, and that he is constantly compelled to grapple with disease single-handed, while the city practitioner has much to distract his attention and there are many sources to which he can turn for aid. He also kindly offers the city physician a word of advice, and that is "to read a little more and think a little harder, or the time may come when the physicians for our hospitals and professors for our colleges will be selected from the ranks of the country doctor."

LEPERS PROOF AGAINST ELECTRICITY.

"Down at Honolulu," said Harry Diamond, "I had a battery and worked the innocent Kanakas with the old trick of the five-dollar gold piece. That is, I'd place the piece in the bottom of a jar of water connected with the battery. Then I'd tell the native boys that they could have the money if they'd pick it out of the jar and hold the handle on the other pole of the battery at the same time. Of course the moment their hands struck the water the circuit was completed, their fingers would be doubled up and they couldn't touch the money if their fortunes had depended on getting it. I had many a laugh and achieved quite a reputation among the boys as a wizard who controlled the devils in the water.

"One day when several young ladies were in the office a lad came in, pushed on by a number of companions who had attempted to secure the five dollars and failed. He had been persuaded to try for the money, and I explained the trick to the ladies as I arranged the apparatus. The boy took the handle, and we all prepared for a great laugh.

"He put his hand into the water, slowly drew out my fiver, and quietly walked off with it, while I stood with my mouth open, afraid to face those girls, and praying for a volcanic eruption to turn the trend of thought.

"The boy had the leprosy, and the electricity didn't affect him."—*San Francisco Examiner.*

CAUSE OF DIABETES.

Drs. Depine and Banal, *Mœrseille-Medicale*, give the following facts bearing upon this subject:

1. The blood of a dog normally circulating for an hour through the kidney or the hind leg—isolated from the body—loses, other things being equal, more sugar than does the blood of a dog deprived of the pancreas in twenty-four hours. It is certain, therefore, that the normal blood possesses something more than does the blood of the animal deprived of its pancreas.

2. This additional factor is a soluble fer ment which water can extract from the white cells, and which is destroyed at a temperature of 35° C., while the sugar-producing ferment, alik e existing in its normal state in the blood, possesses at 55° C. nearly its full activity.

3. As studied in glass vessels and arterial blood, this latter is also more active if the animal is healthy than if it has been deprived of its pancres. (It is still more powerful if the canal of Wirsung has previously been ligatured.) Under the same conditions also the glycogenic ferment is more active if the blood has been extracted from the pancreatic veins, the splenic vein, or any other similar vessel.

4. In all cases, without exception, where the authors have been able to study the glycogenesis of human diabetic blood (in glass vessels) they have found it more or less diminished, making allowance for the quantity of sugar in the blood. This is the most remarkable since, other things being equal and up to a certain limit, it is naturally more energetic when the quantity of sugar is good.

GOLDEN'S LIQUID BEEF TONIC

SPECIAL ATTENTION

of the Medical Profession is directed to this remarkable Curative Preparation, endorsed by THOUSANDS OF THE LEADING PHYSICIANS OF THE UNITED STATES, who are using it in their daily practice.

Colden's Liquid Beef Tonic

is invaluable in all forms of **WASTING DISEASE**, and in cases of **CONVALESCENCE FROM SEVERE ILLNESS.** It can also be depended upon with **POSITIVE CERTAINTY OF SUCCESS** for the cure of **NERVOUS WEAKNESS, MALARIAL FEVER, INCIPIENT CONSUMPTION,** and **GENERAL DEBILITY.**

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Is a reliable **Food Medicine**; rapidly finds its way into the circulation; **arrests Decomposition of the Vital Tissues,** and is **agreeable to the Most Delicate Stomach.** To the physician, it is of incalculable value, as it gives the patient **assurance** of return to **perfect health.**

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SOLD BY DRUGGISTS GENERALLY.

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☞For Physicians' Use Only.☜

Contains the Anodyne and Soporific Alkaloids. Codeia, Narceia and Morphia.

Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

SVAPNIA has been in steadily increasing use for over twenty years, and whenever used has given great satisfaction.

To PHYSICIANS OF REPUTE, not already acquainted with its merits, samples will be mailed on application.

SVAPNIA is made to conform to a uniform standard of Opium of Ten per cent. Morphia strength.

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Specify "Battle" when Prescribing our Preparations.

BROMIDIA

THE HYPNOTIC.

Formula.—

Every fluid drachm contains fifteen grains EACH of Pure Chroral Hydrat. and purified Brom. Pot. and one-eight grain EACH of gen. im. ext. Cannabis Ind. and Hyoscyam.

Dose.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirum of fevers it is absolutely invaluable.

It Does Not Lock Up The Secretions.

PAPINE

THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendendy to [illegible] **tion, etc.**

Indications.—

Same as Opium or Morphia.

Dose.—

ONE FLUID DRACHM—(represents the Anodyne principle of one-eight grain of Morphia.

IODIA

THE ALTERATIVE AND UTERINE TONIC.

Formula.—

Iodia is a Combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

Dose.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

Indications.—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortions and General Uterine Debility.

Specify "Battle" when Prescribing our Preparations.

NEWS AND MISCELLANY.

THE Austin District Medical Society held its nineteenth quarterly meeting in Medical Hall, Austin, Texas, Thursday, June 23, 1892.

WANTED.—Physician as partner in good paying country practice. No money required. Everything furnished. Address, L. A. Jackson, Portland, Ore.

THE *Berlin Clinical Weekly* says that the American physicians who attempted to open a "Keeley Institute" in Berlin were refused the right on the ground of the treatment being a "humbug."

THE orificial surgeons have now another organ in addition to the one in which their life-interest centers. The new comer is the *Journal of Orificial Surgery*, edited by Pratt, Holbrook and Smith.

THE Board of Health at its meeting last week passed a resolution increasing the salaries of the nurses and orderlies employed in the hospitals on North Brother Island. New rules were added to those now in force in the city hospitals.

A HEALTH treaty between the United States and Mexico, "for the reciprocal protection of both countries against infectious diseases of men and animals," has been suggested by the Board of Health of the City of Mexico.

THE MEDICAL SCHOOL OF YALE UNIVERSITY.—The annual address on The Ætiology of the Infectious Diseases, and the Explanation of Acquired Immunity from these Diseases, was given on June 28th, by Dr. George M. Sternberg, of the army.

SCARLET FEVER IN LONDON.—A scarlet fever epidemic prevails in London. Already 2,300 cases have been reported. The Asylum Board is causing huts to be hastily erected upon the grounds of the hospitals for the reception of patients suffering with the disease.

DURING the week ending June 25th, 1892, there were reported in New York City, 75 cases of diphtheria; 318 cases of measles; 90 cases of scarlet fever; 8 cases of small-pox; 11 cases of typhoid fever and 2 cases of typhus fever. There were 921 births and 815 deaths.

THE appropriation of the City Board of Health of New York amounts to $435,000. This is an increase over last year of about $15,000, but is an apparent decrease in current expenditure account, since $30,000 of the grant must be devoted to the erection of a new reception hospital.

THE Alumni of the Medical College of South Carolina (Charleston) have organized an association, and will establish and equip a laboratory of biology and pathology. Dr. Eugene Wasden, of the Marion Hospital Service, is president, and Dr. C. B. Calson, of Charleston, is secretary and treasurer.

STATE CARE OF EPILEPTICS.—Among the acts passed at the recent session of the Legislature of New York, and signed by the Governor, one provides for the establishment of a State institution for the care of epileptics. The State Board of Charities is to look out for a site and procure plans for submission to the next Legislature.

THE trial of Dr. John Arthur Irwin, of this city, on the charge of having performed an illegal autopsy on the body of Mind Reader Washington Irving Bishop, resulted in the jury disagreeing after being out four hours and a quarter. The jurymen stood nine for conviction and three for acquittal. District Attorney Nicoll has decided not to try Dr. Irwin again on the charge.

THE LEHIGH VALLEY MEDICAL ASSOCIATION will hold its twelfth annual meeting at Bethlehem, Pa., on Thursday, July 7, 1892. Dr. John B. Deaver, of Philadelphia, will deliver the annual address, the subject of which will be "Inflammation of the Right Iliac Fossa Associated with Lesions of the Cecum, the Vermiform Appendix and Adjacent Tissues."

PARALYSES CONSECUTIVE TO INFECTIOUS DISEASES.—These paralyses are attributed—(1) To the direct action of the specific vein; (2) To a poison left in the organism by the disease, and acting after the malady is cured. (3) To some other poison acting simultaneously, or associated with the disease, but capable of communicating itself to other persons.—*L'Union Med. de Canada.*

DISINFECTED SECOND-HAND CLOTHING.—The medieal department of the Ministry of the Interior in Russia has issued an order that all second-hand articles put up for sale must be disinfected and provided with labels testifying to the act of disinfection. The police surgeons are to be charged with the duty of enforcing this order, and all second-hand articles not provided with the proper testimonials will be confiscated.

THE APPLETON PRIZE, a prize consisting of $25 worth of medical publications, offered annually by the firm of D. Appleton & Co. to the candidate passing the best examination before the board of medical examiners of the State of North Carolina, was won this year by Dr. E. J. Buchanan, of Salisbury. According to the *North Carolina Medical Journal*, sixty-nine applicants for the license to practice were examined by the board, to forty-five of whom licenses were granted.

THE MEDICAL PROFESSION IN JAPAN.—From statistics recently communicated to the Comite d'Hygiene Publique by Professor Proust, we learn that that go-ahead country Japan boasts 38,620 practitioners of medicine. This, with a population of 40,000,000, gives one professor of the healing art to 1,035 inhabitants. Unfortunately, 29,105 of these gentlemen are not provided with a diploma, and of the others many possess qualifications which would hardly command confidence in European countries.

KROMAYER (*Donats. f. prakt. Derm.*) has investigated the lymph system of the skin, and believes that there is a special and completely close system of lymphatic vessels in the papillary layer of the cutis; that this lymphatic system is one of the chief paths in which affections of the skin spread, and one of the chief reasons why most of these affections are superficial. He does not believe that any excessive transudation from the blood vessels can be compensated by absorption through the lymphatic system.

PUS BACILLUS FOUND IN EARTH.—Dr. Meade Bolton has found a bacillus in earth, which causes abscesses at the seat of inoculation in various animals. The organism which he terms the bacillus pyogenes soli, is about the size of the bacillus of diphtheria, and resembles the latter closely in appearance. The abscesses following subcutaneous inoculation form within twenty-four hours and last from forty-eight hours to eight or ten drys.—*American Journ. of the Medic. Sciences.*

THE HARVARD MEDICAL SCHOOL ASSOCIATION has issued an interesting and valuable list of its members, which it will be glad to send to graduates of the Medical Department of Harvard Uuiversity, in whatever part of the world they may be. The Association was formed about one year ago, and *all* graduates of the School are eligible to membership. The object is to unite all alumni and to advance the interests of the school and of medicine. The entrance fee and the annual assessment are merely nominal.

LARYNGISMUS STRIDULUS CURED BY FORCED DILATATION OF THE GLOTTIS.—Constantin Paul (*Revue des Maladies de l' Enfance*, January, 1892), reports the case of a child, fourteen months old, who, for three successive nights, so urgently suffered from laryngismus stridulus that the question of tracheotomy was seriously discussed. As a substitute for this grave remedy, the author suggested forcible dilatation of the glottis, which could be practised with a pair of polypus forceps having a convenient curve. The operation was easily done with the dilator of Laborde, and after this no further paroxysms occurred.

THE INTERNATIONAL TEMPERANCE CONGRESS.—The preliminary programme of the Fourth International Congress for the Prevention of the Abuse of Alcoholic Drinks, which, as has already been announced, is to meet at The Hague on September 8, has been issued. The following are the subjects proposed by the Organizing Committee for discussion: 1. "Alcohol in its Moral, Hygienic, and Medical Relations;" 2. "The Preventive and Educational Measures in Use for the Repression of the Abuse of Alcoholic Drinks (Associations, Meetings, the Press, Amusements for the People); and 3, "The Compulsory Means which can be Employed by the State and the Community for the Suppression of Drunkenness."

PROTECTION OF THE PEOPLE FROM QUACK DENTISTS, is an excellent law passed at the recent session of the New York Legislature, approved of by the Governor. It requires every dentist to register with the clerk of the county in which he practises, specifies thorough preparation for future tooth-pullers and compels them to secure the sanction of the Board of Censors of the State Dental Society before they can follow their profession. Violation of the law makes an offender liable to $50 fine for the first offence and $100 fine and imprisonment for future violations. It is in line with the scheme of the

State Medical Society to regulate and control professional practice in this State.

ROOSEVELT HOSPITAL'S entire house staff was changed on July 1st. House Physician Henry B. Carpenter and House Surgeon John M. Macdonald retired, being succeeded by Edward G. Blair, who will have as assistants Howard Canning Taylor, senior surgeon: E. Marion Cox, junior surgeon, and Arnold Knapp, surgical dresser.

The medical staff will be Douglas Ewell, house physician; James Ewing, senior physician, and H. B. Carter, junior physician. The gynæcological division will be in charge of E. W. Peet, who takes the place of Alva M. Newman. Dr. Peet's assistant will be E. P. Mollet. The attending staff of the hospital will not be altered.

OÖPHORECTOMY FOR THE CURE OF HYSTERO-EPILEPSY.—Dr. Munde does not consider true epilepsy ever to call for the removal of the ovaries with a view to a cure of the disease. He would never remove the ovaries for dysmenorrhœa, neurasthenia, hemicrania, or any other neurotic affection, however closely it might seem to be connected with the menstrual function. The only rule he would suggest would be the unquestionable relation between the functions of menstruation and ovulation and the epileptiform convulsions, and the dependence of the latter condition on the former, and, further, upon the failure of any other form of treatment to effect a cure.—Dr. Paul F. Munde, in the *American Journal of Obstetrics*, April, 1892.

SEAT OF CENTRE FOR WORD-HEARING.—Dr. Charles K. Mills, of Philadelphia, locates the centre for word-hearing in the hinder two-thirds of the first and second temporal convolutions. Its exact position is in a line with or just in front of the posterior extremity of the horizontal branch of the fissure of Sylvius. Possibly it is restricted to the second convolution. Almost complete word-deafness will follow a lesion confined to the posterior thirds of the first and second convolution of the left hemisphere. The field for auditory memories covers the posterior two-thirds of the first and second temporal convolutions. The auditory field and special auditory centres have their highest development in the left hemisphere.—*University Medical Magazine.*

FROM Minnesota statistics Dr. Hewitt has deducted the following facts relating to scarlatina: That scarlatina is most fatal in young children under five years (sixty-five per cent). That thirty-three per cent of all deaths occur in school-going children. That it has not proved fatal, in the last five years in Minnesota, to persons over thirty years of age. That it is most fatal in the spring, but mortality begins to rise in the late fall and increases till May. That the mortality to persons living, is greatest in our larger cities, and least in scattered population. That these statistics support conclusions based on other evidence that the disease is spread largely by personal contact and infected clothing, chiefly by the last. That schools are largely instrumental in spreading scarlatina as above. That the isolation of the sick and of infected persons, with thorough disinfection of persons and things, are our most reliable measure to control the disease.

PRESCRIPTIONS.

SEDATIVE MIXTURE.—A "bromide and chloral" combination that has obtained considerable popularity because of the extensive advertising done by the manufacturers under the trade-marked name of a proprietary article, is exactly represented by the mixtura chloral et potassii bromidi composita of the national formulary, which has the following composition:

℞ Chloral ʒ i
Bromide of potassium ʒ i
Extract of Indian cannabis gr. iv
Extract of hyoscyamus gr. iv
Alcohol ʒ ii
Tincture of quillaia ʒ ii
Water, q.s. ad ʒ iv
Mix.

Each teaspoonful contains fifteen grains each, of chloral, and of bromide of potassium, and ⅛ grain each, of extract of Indian hemp and of extract of hyoscyamus.

ANAL FISSURE.—Treatment,

[GALLOIS.]

ENEMA.

Krameria Extract 1 gramme [15 grains].
Glycerin 40 grammes [1 fl. oz.].
Water 120 " [4 ". ".].

Inject every other morning.

(It is also recommended to use an emollient clyster every morning of the intervening days.)

HEMICRANIA.—Dr. Schultins (*Centrablatt fur d. ges. Therapie*, No. 12, 1891) gives the following in migraine:

℞ Phenacetin dgms. 3
Sodio-salicylate of caffein mgms. 15.
Muriate of quinine dgms. 2.
Muriate of morphine mgms. 5.
Semarine mgms. 1.
Butter of cacao, q. s.

Sufficient for one capsule. Make thirty such capsules.

ENDOMETRITIS.—The following is employed by Terrier (*Jour. de. Med.*):

℞ Iodoformi, ʒ ijss.
Gum. tragacanth., gr. viij.
Glycerini,
Aquæ destillat., aa q. s.
Ft. Supposit. No. 10.

Sig. Insert a suppository in the uterus and retain by means of a tampon.

BALDNESS.

℞ Tinct. jaborandi ʒ iv.
Glycerin ʒ ij.
Lanolin ʒ iij.

Sig.: Rub a little into the scalp every evening.—*Pharm. Era*

TREATMENT OF LUPUS ERYTHEMATOSUS OF THE EYELIDS AND FACE.—Brocq (*British Journal of Dermatology*, 1891) recommends in this disease:

℞ Salicylic acid ʒ ss.
Lactic acid ʒ ss.
Resorcin gr. xlv.
Zinc oxide ʒ ij.
Vaselin ʒ xvij.

The following is also usually well borne:

℞ Salicylic acid 1 part.
Pyrogallol 2 parts.
Vaselin 20 parts.

This is to be rubbed in at night. During the day the first named may be applied, the two being thus used conjointly.

CHRONIC ECZEMA.

In a child three years of age, Dr. Henry W. Stelwagon (Clinical Lecturer on Skin Diseases) prescribed the following:

℞ Unguent picis liquid ʒ j
Unguent. zinci ʒ vj.—M.

Apply locally.

The child must be given cod-liver oil, and its diet should be of plain, nourishing food.

CARDIAC DROPSY.

℞ Infus. digitalis, ʒ iijss.
Acet. of squills, ʒ ss.

M. Sig.—A teaspoonful two or three times a day.—*Weekly Med. Record.*

TREATMENT OF DYSENTERY.—

Salol, ʒ j.
Syrup of tolu, ʒ ij.
Extract of opium, grs. ij.
Cognac, ʒ j.
Gum water, ʒ vij.

A teaspoonful every hour.—*Medical Press.*

THE SCOTCHMEN in Chicago are going to erect a new hospital and dedicate it to Robert Burns.—*Ex.*

THERAPEUTIC NOTES.

GHILLANY calls attention to the property possessed by diuretin of absorbing carbonic acid from the air, and so becoming insoluble. He recommends that for dispensing purposes a solution of the drug in distilled water should be kept in well-stoppered bottles.—*London Lancet.*

CATERPILLARS AS A CAUSE OF URTICARIA.—Laudon, in *Virchow's Archiv.*, vol. i., 25, has described an epidemic of urticaria at Rahlberg, which coincided with the appearance of caterpillars on the walls of dwellings. The cause of urticaria is not only in the formic acid, but more particularly in the hairs of the back of the caterpillars.

IMPOTENCE, according to Gywrkovecky, may be cured in its varied forms by hypnotic suggestion, which he has also found a very useful means of treatment in masturbation, nocturnal pollutions, etc. In three cases of sexual neurasthenia he has had complete success from suspension in the Sayre apparatus.—*Wiener Ued. Presse*, No. 46, 1891.

TO RELIEVE HEADACHE.—Weiss (*Prager med. Wochenschr.*, No. 15, 1892, p. 159) has observed that temporary relief from headache could invariably be afforded by pressure upon the abdomen at a point midway between the umbilicus and the ensiform cartilage, the mechanism of which is thought to be dependent upon compression of the aorta.

TOXIC SYMPTOMS AFTER ICHTHYOL.—Dr. Bergerio (*Gaz. d. Ospt.*, February, 1892), after washing out the uterus, which had been curetted, with a solution of ichthyol in glycerine one to three, saw symptoms of general depression in his patient, which lasted for twelve hours, attended with pulse such as seen in tachycardia. The writer had used ichthyol in a hundred previous uterine cases without accident.

CHLORIDE OF SODIUM IN THE SICKNESS OF PREGNANCY.—Dr. Green reports two cases. The first was seen in the seventh month of pregnancy, and very much reduced. It was decided to try the effects of small doses of chloride of sodium. It was given in five-grain doses in one ounce of chloroform water. After six doses had been taken the sickness had entirely ceased. It was found necessary to continue the medicine three times a day up to the time of delivery. The patient had a good delivery and made a good recovery. In another case a similar treatment was followed by the same result. The action of this drug seems to be accounted for by its strong antacid properties, for in the case of both patients the secretions were very acid.—*Archives of Gynæcology*, April 1, 1893.

REPARTEE.—It is said of a certain literary woman that she is never at a loss for a reply, and never misses an opportunity to say a bright thing. One day a friend was describing to her a noted artist, about whom her curiosity had been greatly aroused, but whom she had never seen. "To begin with," remarked the friend, "he has a perfect Niagara of a forehead!" "What?" said the other. Do you mean to tell me the poor man has a cataract over both eyes?"—*Homœpathic News.*

"I believe that Ponca Compound has a more decided alterative action upon the uterus and uterine mucous membranes than any known remedy. Under its internal administration I have seen long standing ulcerations heal, foul discharges cease, a spongy, inflamed and enlarged uterus reduced in size and become firm and healthy. In subinvolution it is invaluable, soon relieving such symptoms as headache, backache, sideache, bearing down feelings, bladder troubles, bloated abdomen, indigestion, constipation and many others that are a consequence of this condition."

R. M. HUTCHINS, M. D.

FORMULA:—Ext. Ponca, 3 grs.
Ext. Mitchella Repens, 1 gr
Caulophyllin, ½ gr.
Helonin, ⅛ gr.
Viburnin, ⅛ gr.

DOSE:—One Tablet four times a day.

100 Tablets will be mailed upon receipt of $1.00.

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For gonorrhoea and all forms of urethritis. It replaces copaiba, cubebs, and other remedies, without producing eructations, offensive odor or diarrhœa, and the discharge is reduced to a slight oozing in forty-eight hours. It cures the most obstinate cases of cystitis and inflammation of the neck of the bladder.

Dr. Posner stated before the Berlin Medical Society: "The best form of sandal-wood oil was the French preparation known as **Santal-Midy.**" —*Medical Record.*

Dr. C. H. Kirwan, says: "After six months' use I can say that I never obtained such satisfactory results from the internal administration of any drug in gonorrhoea as with Santal-Midy capsules; I prescribe them constantly and always with excellent results.—*Med. Herald.*

Santal-Midy is distilled from the best Mysore sandal-wood, and is dispensed in small, spherical capsules of 20 centigrammes.

Dose: 6 to 12 capsules daily.
Original bottles contain 40 capsules.

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ERGOTOLE.

ERGOTOLE has now been before the medical profession for over two years and has already won for itself an impregnable position in the armamentarium of thousands of well known and careful practitioners throughout the country.

Although we have never heretofore published any letters or clinical reports voluntarily sent us by physicians regarding he merits of any of our preparations, we have been induced, through numerous requests to furnish clinical data obtained at the bedside with Ergotole, to issue a concise, practical brochure on this product, presenting the latest theories of the physiological action of Ergot together with a few carefully selected clinical reports of the use of our Ergotole in hospital and private practice.

We claim that Ergotole is in all respects the best preparation of Ergot ever brought to the notice of the medical profession. It is 2½ times as strong as the official Fld. Ext. of Ergot—hence the dose is smaller; it does not deteriorate by age, and, what is of prime importance, especially where Ergot must be administered for a long period as in Fibroids, Enlarged Spleen etc., it deos not produce nausea.

Even the most fastidious patient will take it readily. It is reliable.

Samples of Ergotole and copies of this pamphlet will be cheerfully sent to any physician upon application.

SHARP & DOHME,

[ESTABLISHED 1860]

Manufacturing Chemists,

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BRANCH HOUSES—NEW YORK & CHICAGO.

AIRING AND EXERCISE OF INFANTS

Theoretically we should expect from undue exposure of children internal congestions, diseases of the lungs and of the intestines; and practical observations and statistics fully bear out the deductions of theory. It has been found in London, and it might just as well be found in other large cities, that a marked fall of temperature has following in its wake an increase of such diseases and an increase of infant mortality.

At what age, then, may a child be considered to have sufficiently developed and hardened to bear with impunity exposure to out-door air. According to Prof. Starr, whose authority in these matters is very high, a child born in spring or early summer, should be taken out no sooner than the third month; one born in fall or winter not till the fifth. It is customary in this climate to set an earlier period, and very often no harm comes of it, but in the long run it will be best and safest to wait as long at least as Starr advises. No more erroneous idea could be entertained than that early exposure hardens the child and makes it the less likely to succumb to accidental diseases. On the contrary, indiscreet exposure, if it be not in itself the immediate cause of disease, breaks down the little power of resistance the child possesses, and renders it all the more apt to fall a victim to any disease it may contract.

The frequency and length of the exposure must be gradually increased from an outing of once a day of fifteen minutes or half an hour in the most favorable weather at first, to twice or three times a day, and at last, when the child is nine or ten months old, to an almost constant residence in the open air. Neither must the value of sunlight be forgotten, not the broiling sun of the tropics nor the midday with us, but the genial and invigorating morning and evening sun of northern countries. The clothing must be such that exposure and chilling does not take place. In inclement weather and in winter when the temperature is quite low, the house is a much better place for young children than outside, and they must not be taken out at all.

The child needs very little exercise at first; and for some days after birth should be left wholly undisturbed and in a somewhat darkened room. It may be taken up a few times a day for a short time, but otherwise ought not to be disturbed. Rest and quiet are the needs of baby as well as mother. After the first week the child may be taken up oftener and for longer times. Whatever amount of exercise, and whatever kind is given the child, the one requisite of extreme gentleness must always be observed.

When it is allowed to sit up care should be taken that the back and head is well supported. The support to the head and back must be continued even after the child is able to creep about on the floor quite readily and in placing the child in the baby carriage the same point must be remembered in arranging the bed. After the child has learned to walk, the question of exercise needs little attention, except that it must be restricted if the child seems inclined to overdo the matter.—*Alfred Stengel in "Babyhood"*

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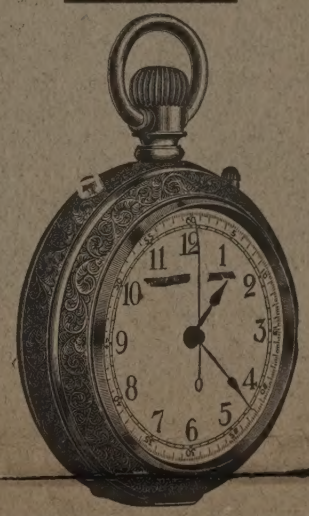

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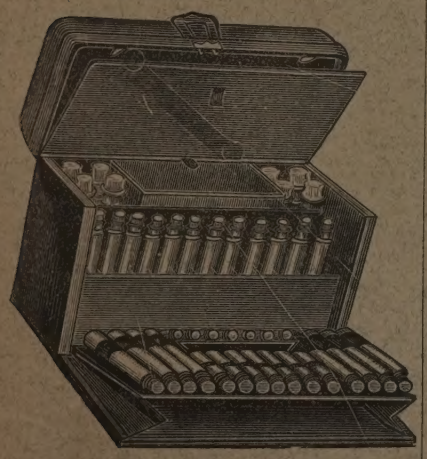

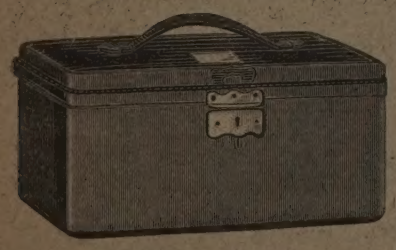

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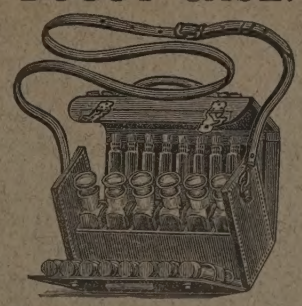

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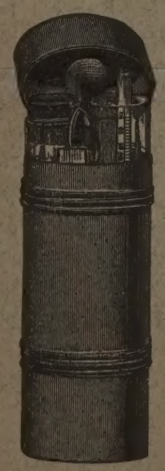

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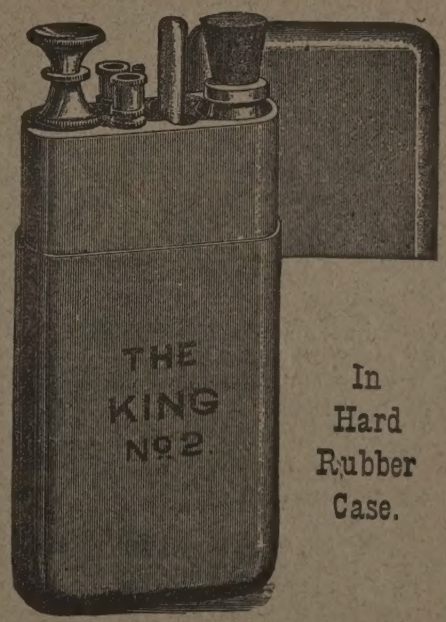

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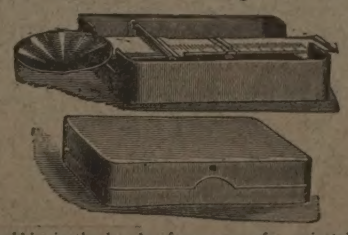

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